CITY OF NEW ORLEANS

CLAIM

TO BE FILED WITH THE OFFICE WHERE CHARGE WAS MADE OR TAX PAID PLEASE TYPE OR PRINT PLAINLY

NUMBER AND STREET		CITY	AND SI	'ATE	2	ZIP
OFFICE TO WHICH PAYMENT	C/CHARGE MADE			RESS ON T		
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PERIOD		İ				
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AMOUNT TO BE REFUN		I YIND	OF TAX	OR CHARG	E	to a
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CLAIMANT BELIEVES THIS		I RE AT.T.	OT CTWO	P FOLLOWI	NC DEAC	ONG
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	verse Side if					
I believe under the pen	alties of perj	jury,	that th	is claim	(includ	ing any
accompanying schedules					me an	d to the
best of my knowledge an	d beller is tr	rue and	a corre	Ct.		
	· · · · · · · · · · · · · · · · · · ·	Signed				
	•	rgmed_		·	<u></u>	
Dated 19						
**************************************	<u> </u>					* 1
	FOR OFFIC	E USE	ONLY			
Recommendation of office	e making charg	ge or o	collect:	ion:		
Payment Reference	5	Signed				
	·					
Date	T	itle				
						
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Approved:	Approved:			Approv	ea:	
] [İ		
Director of Finance	Chief Adminis	++2+1	zo Offic	apricito a	++022001	7
DIFFICE OF TITIETICE	I CTITCT DOMESTITS	CI CLLV	A CTTT	CIICILY A		,

NAME OF CLAIMANT

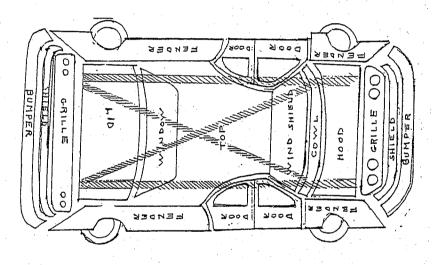
CITY OF NEW ORLEANS ACCIDENT/DAMAGE CLAIM

Name of Claimant		Phone Number
mber and Street	City & State	Zip
ranber and bereet	02.0, 4. 2.4420	
Name of Office, Division	n or Department to which claim	was made. Amount
		! !\$
The Claimant believes th	nis claim should be allowed fo	r following reasons:
•		
Use reverse side if space	ce is insufficient. Enclose c	opies of estimates for claim.
I believe under the	penalties of perjury, that th	is claim (including any accompanying
schedules and statements) has been examined by me and	to the best of my knowledge and belief is
true and correct.		
Dated	19 . Signed	
Address of where acciden	t happened - Street	Date
me of day or night	Weat	ner Conditions
am	pm	
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Please indicate	exact location of accident or	1 SKETCH DELOW
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	FOR OFFICE USE ONLY	
Recommendation of invest	igating Department Date	
	Signed	
	Title:	
proved:	Approved:	Approved:
Director of Finance	Chief Administrative Offic	e City Attorney

CITY OF NEW ORLEANS AUTO DAMAGE CLAIM

Date		Amou	nt		
Name of Claimant					
Phone Number		Address			
Car Name			_License Year		
Model Year	Mileage or	n Vehicle a	at Time of Cla	im	
Auto Pound Receipt (If applicable)	No.		Car Claimed_ applicable)		

Please indicate exact location of damage by placing an "x" on the sketch below. If the vehicle is damaged in more than one place, place a number by each "x" that indicates damage.



Please describe the damage and the reason why the claim should be allowed. If the vehicle is damaged in more than one place, please use the numbers from the above sketch.

Sworn Affidavit By Claimant

I believe under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true and correct.

Date	19	Signed
		

For	Off	ice_	Use	Only	
Plea	se	type		•	

Date		

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		· R	ECOMMENDAT	IONS OF	INVESTI	GATING	OFFICER		
Describe	the	marked	damage:			-,			
		,	•					•	
•									100

Condition of vehicle at time of pick-up:

37		4						
Name	OI	LOW	truck	operator_	 	 	 	
				· ·				

Recommendations and reasons:

Signed		<u> </u>	
πi+1 _Φ			

Approved:	Approved:	Approved:
Director of Finance	Chief Administrative Office	City Attorney

Ref. Policy Memo. No. 7(R)

CAO Form No. 18